

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

José Antonio Santiago Rivera

Participant's Address:

Urb. Jacaranda 35327 Avenida Federal
Ponce, PR 00730-1692

Participant's Email Address:

sanguelen@gmail.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

174134

Nature of Claim:

Salary Puerto Rico Telephone Co.

By:

Signature

José Antonio Santiago Rivera

Print Name

—
Title (if Participant is not an individual)

August 16, 2021
Date

2021 SEP -1 PM 4:26

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

José A. Santiago
Urb. Jacaranda
35327 Avenida Federal
Ponce, PR 00730-1692

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00918-170625

Court's Clerk's Office
United States District Court
150 Ave. Carlos Chardón
Ste. 150
San Juan, PR 00918-1767



SAN JUAN, PR 00918-170625

24 SEP 2021 PM 1:11



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Gabriel Quiles Rodriguez
Participant's Address: HC-3 Box 10164 Comerio P.R. 00782
Participant's Email Address: caleb-gabriel@hotmail.com
Name of Counsel: N.A.
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: _____
Nature of Claim: Public Employee claim
By: Gabriel Quiles
Signature
Gabriel Quiles
Print Name
N/A
Title (if Participant is not an individual)
8-24-2021
Date

2021 SEP -1 PM 1:25

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

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From: Gabriel Quiles Rodriguez
Hd-3 Box 10164
Comerio P.R. 00782

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To: United States District Court
Clerks Office
150 Ave. Carlos Chardon Ste. 150
San Juan P.R. 00918-1767.

00918-170625



SAN JUAN, PR 00918-170625
24 AUG 2021 PM 1:25



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Wanda I. Diaz Ortiz
Participant's Address: Urb. Sta Monica Calle 3 - L14 Bayamon, P.R.
Participant's Email Address: wdiazortiz@20@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 175 093
Nature of Claim: Puerto Rico (Telefonica) Monerazo

By: Wanda I. Diaz Ortiz

Signature

Wanda I Diaz Ortiz
Print Name

Title (if Participant is not an individual)

8/18/21
Date

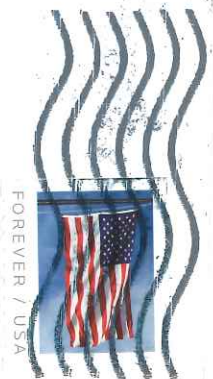
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W. Diaz, Clerk
CL3214 SPA Notice
Bayamon, P.R.

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Court's Clerk's Office
United States District Court
Clerk's Office 150 Ave Chardon St 150
San Juan, P.R. 00918-1747



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Teresa Hernández Jiménez

Participant's Address:

41793 Carr. 483, Quebradillas, P.R. 00986

Participant's Email Address:

zaidaya-april2@hotmail.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

140 678

Nature of Claim:

Commonwealth of P.R.

By:

Signature

Teresa Hernández Jiménez

Print Name

Title (if Participant is not an individual)

Date

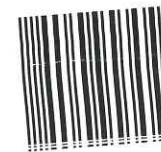
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: **United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.**

Teresa Hernández
41793 Carr. 483
Quebradillas, P.R. 00678

Case:17-03283-LTS Doc#:18024-1 Filed:09/03/21 Entered:09/03/21 09:26:23 Desc:
Pro se Notices of Participation Page 8 of 21



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U.S. District Court
Clerk's Office
150 Ave. Carlos Chardon
Sfe. 150
San Juan, P.R.
00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Teresa Hernández Jiménez
Participant's Address: 41793, Carr. 483, Quebradillas, P.R.
Participant's Email Address: zaidaya-april2@hotmail.com 00678
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 140 678
Nature of Claim: Commonwealth of P.R.
By: [Signature]
Signature

Teresa Hernández Jiménez
Print Name

Title (if Participant is not an individual)

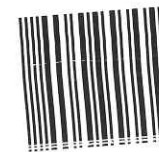
Date

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Teresa Hernández
41793 Carr. 483
Quebradillas, P.R. 00678



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U.S. District Court
Clerk's Office
150 Ave. Carlos Chardon
Sfe. 150
San Juan, P.R.
00918-1767

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Teresa Hernández Jiménez

Participant's Address:

41793 Carr. 483, Quebradillas, P.R. 00678

Participant's Email Address:

zaidaya-april2@hotmail.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

140678

Nature of Claim:

Commonwealth of P.R.

By:

[Signature]
Signature

Teresa Hernández Jiménez
Print Name

Title (if Participant is not an individual)

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Teresa Hernández
41793 Carr. 483
Quebradillas, P.R. 00678



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U.S. District Court
Clerk's Office
150 Ave. Carlos Chardon
Sfe. 150
San Juan, P.R.
00918-1767

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ana C. Hernández Pérez

Participant's Address:

HCI Box 5543 Moca, P.R. 00676

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Dora C. Hernández Pérez
HC 1 Box 5543
Woea, P.R. 00676

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U.S. DISTRICT COURT
SAN JUAN, P.R.

SAN JUAN PR 009
24 AUG 2021 PM 1:1



United States District Court,
Bank Office,
150 Ave. Carlos Chardón Ste. 150,
San Juan P.R. 00918-1767

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Margarita Pérez Reyes

Participant's Address:

NC 04 Box 5582 Coamo, PR 00769

Participant's Email Address:

Angel26264@gmail.com

Name of Counsel:

Lcdo. Pablo Colon Santiago

Address of Counsel:

Apartado 801175 Coto Laurel PR 00740

Email Address of Counsel:

pablo colon santiago@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

(1845-), GDP 2017-0076.

Nature of Claim:

Donas y Perjuicios

By:

Margarita Pérez Reyes
Signature

Margarita Pérez Reyes
Print Name

Title (if Participant is not an individual)

23- Agosto. 2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1/16
2/18/21

ESTADO LIBRE ASOCIADO DE PUERTO RICO
TRIBUNAL DE PRIMERA INSTANCIA
SALA SUPERIOR DE GUAYAMA

MARGARITA PEREZ REYES Y ANGEL L. NIEVES GONZALEZ Demandantes	CIVIL NUM.: G. DP2017-0076 5303
VS	
JOSE ORTIZ OLIVER, FULANA DE TAL Y LA SOCIEDAD LEGAL DE GANANCIALES CONSTITUIDA ENTRE AMBOS; ADMINISTRACION DE CORRECCION DE PUERTO RICO; EL ESTADO LIBRE ASOCIADO DE PUERTO RICO, REPRESENTADOS POR LA HON. WANDA VAZQUEZ GARCED, SECRETARIA DE JUSTICIA Y COMPAÑIA DE SEGUROS ABC Demandada	SOBRE: DAÑOS Y PERJUICIOS

AREA
PRESENTACIONES
SECRETARIA
2017 JUN 19 AM 11:49

DEMANDA

AL HONORABLE TRIBUNAL:

Comparece la demandante indicada en el epígrafe, por conducto de la representación profesional que suscribe y muy respetuosamente **EXPONE, ALEGA Y SOLICITA:**

1. Que para efectos de la litigación de esta causa su dirección es la siguiente:

Residencial: Bo. Palmarejo
Sector El Cerro Parc. 200
Coamo, Puerto Rico
Postal : HC 04 Box 5582
Coamo, PR 00769

2. Que el día 18 de marzo de 2017, alrededor de las 9:15 de la mañana, mientras la co demandante Margarita Pérez Reyes se encontraba en el área de registro de la Institución Anexo 500 del Complejo Correccional de Guayama, con el propósito de acceder al área de visita para visitar y relacionarse con su compañero consensual, el co demandante Ángel L. Nieves González, fue atacada por el can utilizado para tales fines, quien le infligió una mordedura en el muslo izquierdo.
3. Que no empece a lo anterior el co demandado oficial a cargo del can, José Ortiz Oliver, pretendió volver a utilizar dicho animal para registrar

a la demandante Pérez Reyes y al ésta reusarse, atemorizada por lo que le había sucedido, fue sometida a un registro al desnudo, todo lo que le provocó un estado de ansiedad y una crisis nerviosa que posteriormente hizo que se desmayara en el área de visitas; que se cayera estrepitosamente al piso, y que recibiera múltiples traumas, contusiones y hematomas en la cabeza, el brazo izquierdo, la pierna derecha y otras partes del cuerpo, hecho por el cual se vio precisada a acudir al Hospital San Lucas Guayama con el propósito de recibir asistencia médica.

4. Que al referido hospital se presenció el co-demandado oficial José Ortiz Oliver, quien intervino impropriamente con el médico que la atendía, hecho por el cual fue dada de alta sin recibir tratamiento alguno.
5. Que posteriormente, ese mismo día, la demandante Margarita Pérez Reyes se vio precisada a acudir a la Sala de Emergencia del Hospital Menonita de Coamo, aquejada por fuertes dolores de cabeza y mareos. Allí se le realizó le limpió y medicó la herida y se le inyectó medicación antitetánica y se le prescribieron medicamentos orales.
6. Que al día siguiente aquejada por fuertes dolores de cabeza y mareos, la co demandante Pérez Reyes visitó la Sala de Emergencia del Hospital Menonita de Aibonito en donde se le realizó una tomografía computarizada, un E.K.G y se le administraron medicamentos intravenosos.
7. Que la causa próxima única y/o eficiente del incidente en el que se vio involucrada la co demandante Pérez Reyes y de todos los daños sufridos por los demandantes, la constituyó la negligencia del co demandado José Ortiz Oliver en el manejo del can y en el trato hacia esta, por cuya negligencia responden vicariamente la Administración de Corrección y el Estado Libre Asociado de Puerto Rico como sus patronos o empleadores.
8. Que igualmente son responsables de los daños de los demandantes, los co demandados Administración de Corrección y Estado Libre Asociado de Puerto Rico, por ser los dueños del can o los que se servían de este.
9. Que se valoran los daños de los demandantes en las siguientes partidas:
 - a. Margarita Pérez Reyes, por sus sufrimientos y angustias físicas, mentales y morales.....**\$50,000.00**
 - b. Ángel L. Nieves González, por sus sufrimientos y angustias mentales al conocer del incidente en el que se vio involucrada su compañera consensual; presenciar la caída que esta sufrió y percibir los sufrimientos y angustias mentales por las que ésta atravesó:.....**\$15,000.00**

10. Que se incluye como demandada a la Compañía ABC, nombre ficticio con el cual se designa a cualquier compañía de seguros con cubierta para el resarcimiento de los daños cuyo resarcimiento reclaman los demandantes.
11. Que se incluye como demandada a Fulana de Tal, nombre ficticio con el cual se designa a la señora esposa del co-demandado José Ortiz Oliver, en la eventualidad de que esta exista y que conjuntamente con la co-demandada Sociedad Legal de Gananciales sea responsable del resarcimiento de los daños que en la presente demanda se aducen.

POR TODO LO CUAL de este Ilustrado Tribunal muy respetuosamente se suplica que, en su día y previo todo trámite procesal pertinente declare **"Hacer Lugar"** la presente demanda y en consecuencia, condene a los demandados de las sumas que se le reclaman por concepto de indemnización; de las costas y gastos del presente litigio y de honorarios de abogado en una suma razonable.

En Ponce para Guayama, Puerto Rico, a de junio de 2017.

PABLO COLÓN SANTIAGO & ASOCIADOS

Urb. Constanca
1739 Paseo Las Colonias
Ponce, PR 00717-2234

Apartado 801175
Coto Laurel, PR 00780-1175
Tel. 284-1520/Fax. 284-1360

pcolon@pablocolon-santiago.com
pablocolonsantiago@gmail.com

LCDO. PABLO COLÓN SANTIAGO

Col. Núm.: 10021

RUA NÚM.: 8782



E01523641

Ledo Pablo Colon Santiago
Spartak 801175
Coto Laurel PL 00788-1175

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

U.S. District Court Clerk Office
150 Ave Carlos Chardon Ste 150
San Juan PR 00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Adelina López Lugo

Participant's Address:

HC 4 Box 8195, Juana Díaz, PR 00795-9846

Participant's Email Address:

adelopez45@gmail.com

Name of Counsel:

Lic Alberto Aresti Franceschini

Address of Counsel:

Suite 1109, Edif. Union Plaza, 416 Ave. Ponce
Hato Rey, PR 00918 Tel. (787) 751-5740 de Leon

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

116519

Nature of Claim:

Salary Adjustment

By:

Adelina López Lugo

Signature

Adelina López Lugo

Print Name

Title (if Participant is not an individual)

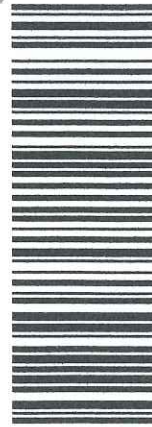
24 de agosto de 2021

Date

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Adelina Lopez Lugo
HC 4 Box 8195
Suave Dico, PR 00795-9846

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



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**RETURN RECEIPT
REQUESTED**

United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, PR 00918-1769



1000



00918

FCM LETTER
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AMOUNT

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USA ★ FOREVER
★ ★ ★

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